

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90032 041 ****61.25

DOCUMENT # N98000004981

1. Entity Name
HEART OF BROWARD FOUNDATION CORP.



Principal Place of Business
303 SOUTHEAST 17TH STREET
FORT LAUDERDALE, FL 33316

Mailing Address
C/O MARK T. KNIGHT *FRANK NASK*
303 SE 17TH ST
FORT LAUDERDALE, FL 33316

40010234



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
65-0930867

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHERER, WILLIAM R
633 S FEDERAL HWY, 8TH FLOOR
FORT LAUDERDALE, FL 33001

Name *LAURA SEIDMAN ESQ*

Street Address (P.O. Box Number is Not Acceptable)

303 SOUTHEAST 17TH ST.

City *FT. LAUDERDALE* FL Zip Code *33316*

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DV ☐ Delete
NAME CHIZNER, MICHAEL MD
STREET ADDRESS 303 SOUTHEAST 17TH STREET
CITY-ST-ZIP FORT LAUDERDALE, FL 33316

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME GILL, CARL E MD
STREET ADDRESS 303 SE 17TH ST
CITY-ST-ZIP FORT LAUDERDALE, FL 33316

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DST ☒ Delete
NAME KNIGHT, MARK T
STREET ADDRESS 303 SE 17TH ST
CITY-ST-ZIP FORT LAUDERDALE, FL 33316

TITLE ☒ Change ☒ Addition
NAME *Nask, Frank*
STREET ADDRESS *303 SE 17TH ST*
CITY-ST-ZIP *Fort Lauderdale FL 33316*

TITLE D ☒ Delete
NAME TROWER, WIL
STREET ADDRESS 303 SE 17TH ST
CITY-ST-ZIP FORT LAUDERDALE, FL 33316

TITLE ☒ Change ☒ Addition
NAME *Levine, Alan*
STREET ADDRESS *303 SE 17TH ST*
CITY-ST-ZIP *FT LAUDERDALE FL 33316*

TITLE D ☐ Delete
NAME JAGGER, MAUREEN
STREET ADDRESS 303 SE 17TH ST
CITY-ST-ZIP FORT LAUDERDALE, FL 33316

TITLE ☒ Change ☒ Addition
NAME *Jaeger, Maureen*
STREET ADDRESS *303 SE 17TH ST*
CITY-ST-ZIP *Fort Lauderdale FL 33316*

TITLE D ☐ Delete
NAME SALLARULLO, PAUL
STREET ADDRESS 303 SE 17TH ST
CITY-ST-ZIP FORT LAUDERDALE, FL 33316

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment to this address with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-07

Date

954-35-5100

Daytime Phone #